



COMPLIANCE CERTIFICATION - MONITORING AND REPORTING
DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE

ALL SOURCES THAT ARE SUBJECT TO 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS ARE REQUIRED TO CERTIFY COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS BY INCLUDING A STATEMENT WITHIN THE PERMIT APPLICATION OF THE METHODS USED FOR DETERMINING COMPLIANCE. THIS STATEMENT MUST INCLUDE A DESCRIPTION OF THE MONITORING, RECORDKEEPING, AND REPORTING REQUIREMENTS AND TEST METHODS. IN ADDITION, THE APPLICATION MUST INCLUDE A SCHEDULE FOR COMPLIANCE CERTIFICATION SUBMITTALS DURING THE PERMIT TERM. THESE SUBMITTALS MUST BE NO LESS FREQUENT THAN ANNUALLY AND MAY NEED TO BE MORE FREQUENT IF SPECIFIED BY THE UNDERLYING APPLICABLE REQUIREMENT OR THE TECHNICAL SECRETARY.

1. FACILITY NAME:

2. PROCESS EMISSION SOURCE, FUEL BURNING INSTALLATION, OR INCINERATOR (IDENTIFY):

3. STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION (S):

4. THIS SOURCE AS DESCRIBED UNDER ITEM #2 OF THIS APPLICATION WILL USE THE FOLLOWING METHOD(S) FOR DETERMINING COMPLIANCE WITH APPLICABLE REQUIREMENTS (AND SPECIAL OPERATING CONDITIONS FROM AN EXISTING PERMIT). CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE FORM(S).

_____ CONTINUOUS EMISSIONS MONITORING (CEM) - APC FORM V.20
POLLUTANT(S): _____

_____ EMISSION MONITORING USING PORTABLE MONITORS - APC FORM V.21
POLLUTANT(S): _____

_____ MONITORING CONTROL SYSTEM PARAMETERS OR OPERATING PARAMETERS OF A PROCESS - APC FORM V.22
POLLUTANT(S): _____

_____ MONITORING MAINTENANCE PROCEDURES - APC FORM V.23
POLLUTANT(S): _____

_____ STACK TESTING - APC FORM V.24
POLLUTANT(S): _____

_____ FUEL SAMPLING & ANALYSIS (FSA) - APC FORM V.25
POLLUTANT(S): _____

_____ RECORDKEEPING - APC FORM V.26
POLLUTANT(S): _____

_____ OTHER (PLEASE DESCRIBE) - APC FORM V.27
POLLUTANT(S): _____

5. COMPLIANCE CERTIFICATION REPORTS WILL BE SUBMITTED TO THE DIVISION ACCORDING TO THE FOLLOWING SCHEDULE.

START DATE: _____

AND EVERY _____ DAYS THEREAFTER.

6. COMPLIANCE MONITORING REPORTS WILL BE SUBMITTED TO THE DIVISION ACCORDING TO THE FOLLOWING SCHEDULE:

START DATE: _____

AND EVERY _____ DAYS THEREAFTER.

7. PAGE NUMBER:

REVISION NUMBER:

DATE OF REVISION: